



Relocation Plan For:

Displacing Agency:

Prepared By:

Date (s) Prepared:

Revised March, 2012

*Please submit for review & approval to Relocation Unit, State Energy Office, Dept. of Administration,
P.O. Box 7868, Madison, WI 53703. Questions? Call 608/267-0317.*

RELOCATION PLAN CONTENTS

| | |
|--------|--|
| Part A | Project Description |
| Part B | Project Administration |
| Part C | Inventory of Displacement |
| Part D | Timetable and Competing Displacement |
| Part E | Relocation Program Standards |
| Part F | Relocation Feasibility Standards |
| Part G | Displaced Persons (Identification) |
| Part H | Comparable Available Housing on Private Market |
| Part I | Publicly Assisted Housing |
| Part J | Alternative Rehousing Plans |
| Part K | Comparable Business and Farm Units |
| Part L | Alternative Business or Farm Relocation Plans |
| Part M | Relocation Services - Residential |
| Part N | Relocation Services - Non-Residential |
| Part O | Relocation Payment Procedures |
| Part P | Relocation Grievance Procedures |
| Part Q | Property Management Policies |
| Part R | Eviction Policies |
| Part S | Assurances - Agency Head |
| Part T | Map of Project Area |
| Part U | Photographs |

| PROJECT DESCRIPTION | | PART A |
|--|------------------------------------|--|
| 1. Project Name: | 2. County(ies): | |
| 3. Project Purpose: | 4. Condemnor or Displacing Agency: | |
| 5. Acquisition procedure that agency will follow: <input type="checkbox"/> s. 32.05 <input type="checkbox"/> s. 32.06 <input type="checkbox"/> Other (specify) _____ | | |
| 6. Relationship of this plan to total placement: a. <input type="checkbox"/> This plan covers all displacement expected for this project. b. <input type="checkbox"/> This is a continuation or amendment to the above project for which a plan had been previously approved by Dept. of Administration or Commerce on _____ c. <input type="checkbox"/> This is a 1 st phase plan for the above project which will have subsequent displacement covered in later plans. d. <input type="checkbox"/> Other (specify): _____ | | |
| 7. If 6c. above is checked, explain the level of additional displacement expected and why it is not included in this plan: _____ | | |
| 8. Project Location (geographic boundaries): <input type="checkbox"/> Project boundaries are shown on attached map. | | |
| 9. What source(s) and amount of funds will be used in carrying out this project: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private Est. total project cost _____ Est. public financial contribution _____ | | 10a. If federal funding is expected to support any part of this project, identify the federal agency and program involved: _____ 10b. If state or local funds are expected to be used in any part of the project, identify the agency and program involved: _____ |

PROJECT ADMINISTRATION**PART B**

1. Identify the public official employee or person who is primarily responsible for implementing this plan and is designated as the agency's principal contact on relocation matters:

Name: _____ Title: _____

Address: _____ Agency/Dept/Div: _____

Zip Code: _____ Telephone: _____

2. If the agency is contracting with another agency or person to prepare or implement this plan, identify the contracting person or agency:

Name: _____ Title: _____

Address: _____ Agency/Firm Name: _____

Zip Code: _____ Telephone: _____

3. Identify relocation staff or persons who will be directly involved in providing relocation assistance to project displacees:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

4. Identify the name(s) of persons who will be negotiating the acquisition of properties for this project:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Agency/Firm Name: _____

Telephone: _____

5. Will the agency establish a relocation field office?

☐ No (explain) _____

☐ Established

☐ Will Establish

Office Address: _____

☐ Office within project boundaries

Days & Hours Open: _____

☐ Office approximately _____ blocks from center of project area

Will staff be available evenings by appointment?

☐ Yes

☐ No

DISPLACEMENT INVENTORY

PART C

1. Number of parcels to be acquired under this plan:

_____ + _____ = _____
occupied vacant total

2. The displacement data for this plan was obtained during the period:

_____ to _____

3. Displacement Characteristics (by parcel)

Parcel #1:

(Add more pages if necessary)

PROJECT TIMETABLE & COMPETING DISPLACEMENT

PART D

1. Provide a timetable estimate for implementing this project:

| | From (month/year) | To (month/year) | Total Months |
|---------------------|-------------------|-----------------|--------------|
| Property Appraisals | | | |
| Land Acquisitions | | | |
| Relocation | | | |
| Land Clearance | | | |
| Other Activity | | | |

2. Will the relocation timetable be extended if necessary to ensure compliance with this relocation plan?

☐ Yes ☐ No

3. Is the agency presently carrying out any other project having displaced persons that may compete for replacement resources identified in this plan?

☐ Yes ☐ No

If yes, describe the number and types of displaced persons remaining to be relocated from existing projects:

4. Are there any other public or private sector displacements in the locality that may compete for replacement resources identified in this plan?

☐ Yes ☐ No

If yes, describe the number and types of displaced persons competing for existing resources:

PROGRAM STANDARDS

PART E

1. Describe the Physical Standards applicable for determining decent, safe and sanitary housing:

- ☐ The decent, safe and sanitary standards in Chap. Comm 202.04 will be applicable for this project.
- ☐ The following, higher standards will be applicable for this project:

2. If the replacement payment will not be based on the asking price of the selected comparable, explain the basis and method of adjustment to be used.

- ☐ Not applicable. Payments will be based on the asking price.

3. The Written Notice requirements under Chap. Comm 202.06(2), including a relocation rights pamphlet, were provided to all affected parties on the date(s) shown below:

Date: _____

4. What date do you plan to issue the notice of entitlement to the displaced person(s)?

Date: _____

5. Describe any other Relocation Program Standards which may be applicable for this project and may result in assistance which exceeds the minimum requirements of Chap. Comm 202:

- ☐ None
- ☐ The federal Uniform Relocation Act is applicable.
- ☐ Other (specify):

| RELOCATION FEASIBILITY ANALYSIS - RESIDENTIAL | | | | | PART F1 | |
|---|---|--|--|--|--|--|
| DATA ON ACQUIRED UNIT | 1. Parcel or Unit Number | | | | | |
| | 2. Occupants Status (O) Owner or (T) Tenant | | | | | |
| | 3. Family Composition Adults/Children | / | / | / | / | |
| | 4. <u>Type of Building</u> Construction | _____ | _____ | _____ | _____ | |
| | 5. Habitable Area | | | | | |
| | 6. Age/State of Repair | / | / | / | / | |
| | 7. Total Rooms/Bedrooms | / | / | / | / | |
| | 8. Type of Neighborhood | | | | | |
| | 9. Distance To: (S) Shopping (T) Transportation (Sch) School | S: T: Sch: | S: T: Sch: | S: T: Sch: | S: T: Sch: | |
| FINANCIAL INFORMATION | 10. Gross Income | \$ | \$ | \$ | \$ | |
| | 11. Current Rent (including utilities) | \$ | \$ | \$ | \$ | |
| | 12. Value of Acquired Dwelling | \$ | \$ | \$ | \$ | |
| | 13. Ability To Pay Rent or Purchase | \$ | \$ | \$ | \$ | |
| RELOCATION NEEDS | 14. Rooms/Bedrooms Needed | / | / | / | / | |
| | 15. Habitable Area Required | | | | | |
| | 16. Probable Status (O) Owner or (T) Tenant | | | | | |
| COMPARABLE ANALYSIS | 17. Number of Comparables Available | | | | | |
| | 18. Number of Comparables Expected at Displacement | | | | | |
| | 19. Range of sale Price or Rent of Comparables | \$ | \$ | \$ | \$ | |
| | 20. Comparables From Group Number | | | | | |
| | 21. Most Comparable Unit Number and Price | \$ | \$ | \$ | \$ | |
| PAYMENTS AND ESTIMATES | 22. Move Cost (A) Actual or (F) Fixed | \$ | \$ | \$ | \$ | |
| | 23. Estimated Owner Replacement Payment | \$ | \$ | \$ | \$ | |
| | 24. Closing and Incidental Cost Payment | \$ | \$ | \$ | \$ | |
| | 25. Mortgage Refinancing Payment | \$ | \$ | \$ | \$ | |
| | 26. Tenant Replacement Payment: R = Rent Differential D = Down Payment | R <input type="checkbox"/> D <input type="checkbox"/> \$ | R <input type="checkbox"/> D <input type="checkbox"/> \$ | R <input type="checkbox"/> D <input type="checkbox"/> \$ | R <input type="checkbox"/> D <input type="checkbox"/> \$ | |

| RELOCATION FEASIBILITY ANALYSIS - BUSINESS OR FARM | | | | | PART F2 | |
|--|---|--|--|--|--|--|
| DATA ON ACQUIRED UNIT | 1. Parcel or Unit Number | | | | | |
| | 2. Occupants Status (O) Owner or (T) Tenant | | | | | |
| | 3. Type of Business or Farm | | | | | |
| | 4. Length of Occupancy | | | | | |
| | 5. Size of Occupied Area (square feet) | | | | | |
| | 6. Estimate of Parking Spaces Required | | | | | |
| | 7. Trade Fixtures Included | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 8. Equipment Requiring Special Move | | | | | |
| | 9. Farm Size or Tillable Acreage | | | | | |
| FINANCIAL INFORMATION | 10. Estimated Annual Gross Income | \$ | \$ | \$ | \$ | |
| | 11. Current Rent | \$ | \$ | \$ | \$ | |
| | 12. Estimated Value of Acquired Property | \$ | \$ | \$ | \$ | |
| RELOCATION NEEDS | 13. Special Features Needed | | | | | |
| | 14. Area Required | | | | | |
| | 15. Probable Status O) Owner or (T) Tenant | | | | | |
| COMPARABLE ANALYSIS | 16. Number of Comparables Available | | | | | |
| | 17. Number of Comparables Expected at Displacement | | | | | |
| | 18. Range of Sale Price or Rent of Comparables | | | | | |
| | 19. Comparables From Group Number | | | | | |
| | 20. Most Comparable Unit Number and Price | | | | | |
| PAYMENT ESTIMATES | 21. Move Cost (A) Actual (PIL) (PIL) Payment in Lieu | | | | | |
| | 22. Tenant Replacement Payment: R = Rent Differential D = Down Payment | R <input type="checkbox"/> D <input type="checkbox"/> \$ | R <input type="checkbox"/> D <input type="checkbox"/> \$ | R <input type="checkbox"/> D <input type="checkbox"/> \$ | R <input type="checkbox"/> D <input type="checkbox"/> \$ | |
| | 23. Owner Replacement Payment | | | | | |
| | 24. Closing and Incidental Cost Payment | | | | | |
| | 25. Mortgage Refinancing Cost Payment | | | | | |
| | 26. Reestablishment Cost Payment | | | | | |

| DISPLACED PERSONS IDENTIFICATION (All occupied units in Part F) | |
|--|--|
|--|--|

PART G

[illegible]

| | | |
|---|---|---------------|
| COMPARABLE HOUSING AVAILABLE ON THE PRIVATE MARKET | Group Number _____ | PART H |
| | <input type="checkbox"/> For Sale <input type="checkbox"/> For Rent | |

☐ For Sale ☐ For Rent

PART H

[illegible]

| | |
|--|-------------------------------|
| <p align="center">PUBLICLY ASSISTED HOUSING</p> | |
| | Grand Total: 627 Family Units |

Grand Total: 627 Family Units

PART I

[illegible]

| | |
|---|---------------|
| ALTERNATIVE REHOUSING PLANS | PART J |
| <p>1. <input type="checkbox"/> Based upon displacee needs and existing available resources identified within the plan, alternative rehousing plans appear necessary.</p> <p>2. If existing housing resources are marginally available or inadequate or where the workload includes any displacee which may be difficult to relocate (e.g., large family, low-income, elderly, minority group members, handicapped, etc), describe the agency's alternative rehousing plans:</p> | |

| | | |
|--|---|---------------|
| COMPARABLE BUSINESS OR FARM UNITS AVAILABLE ON THE PRIVATE MARKET | Group Number _____ | PART K |
| | <input type="checkbox"/> For Sale <input type="checkbox"/> For Rent | |

☐ For Sale ☐ For Rent

PART K

[illegible]

ALTERNATIVE BUSINESS OR FARM RELOCATION PLANS**PART L**

1. ☐ Based upon displacee needs and existing available resources identified within the plan, alternative plans for relocating businesses and farms appear necessary.
2. If existing business or farm resources are marginally available or require substantial modification to be comparable or suitable, describe the agency's plans for accomplishing relocation of business and farm operations:

| | |
|---|---------------|
| RELOCATION SERVICES FOR RESIDENTIAL OCCUPANTS | PART M |
| <p>Describe the relocation assistance services which may be required by residential occupants and will be provided by the agency:</p> | |

**RELOCATION SERVICES FOR BUSINESSES, FARMS
AND NON-PROFIT ORGANIZATIONS**

PART N

RELOCATION PAYMENTS PROCEDURES

PART O

- ## Relocation Claim Filing

| | |
|----------------------|--------|
| GRIEVANCE PROCEDURES | PART P |
|----------------------|--------|

| | |
|---|--|
| <p align="center">GRIEVANCE PROCEDURES</p> | |
|---|--|

PART P

Grievance Procedures

| | |
|---|---------------|
| PROPERTY MANAGEMENT POLICIES | PART Q |
| <p>Describe the agency's policies for property management including the terms of continued occupancy after acquisition but prior to displacement:</p> | |
| EVICTIION POLICIES | PART R |
| <p>Describe under what circumstances a person may be evicted from the acquired property:</p> | |

RELOCATION PLAN ASSURANCES

PART S

I Certify that this relocation plan contains accurate information and has been prepared in accordance with, and adequately provides for, the delivery of relocation services and payments prescribed under Wisconsin's Relocation Assistance Act, ss. 32.185 - 32.27, Wisconsin statutes and ch ADM 92, Wisconsin Administrative Code. I further assure that:

1. Relocation staff who will implement this plan are familiar with its contents and the requirements of Wisconsin relocation law and Comm 202;
2. Sufficient funds have been appropriated, reserved, set aside or otherwise committed to cover the anticipated relocation costs described in this plan;
3. Families and individuals will have full opportunity to occupy comparable, decent, safe and sanitary housing;
4. Businesses and farms will be provided maximum assistance in reestablishing with a minimum of delay and loss of earnings;
5. Relocation payments will be made promptly by the agency and to the full extent for which displaced persons are eligible;
6. Project and program activities are planned and will be carried out in a manner that minimizes hardships to displaced persons;
7. Relocation will be carried out in a manner that will provide the greatest possible choices within the community's total housing supply; lessen racial, ethnic and economic concentrations; and facilitate desegregation and racially inclusive patterns of occupancy and use of public and private facilities;
8. The relocation process and delivery of payments and services will not result in separate treatment of displaced persons;
9. All displaced persons will be given a reasonable period of time to move and no one will be required to move unless a comparable replacement property is available or provided for;
10. Relocation assistance and advisory services will be provided in accordance with the needs of those persons to be displaced, including but not limited to, social services referrals, job counseling referrals, housing referrals and counseling and transportation to available housing, if necessary.

Name (Chief Executive Officer or Agency Head)

Title

Date Signed

Signature

| | |
|--|---------------|
| MAP OF PROJECT AREA | PART T |
| <p>1. Affix a map or sketch of the project area boundaries as they relate to municipal boundaries or, if more appropriate, to a geographic area:</p> | |

| | |
|--|---------------|
| PHOTOGRAPHS OF PROPERTY TO BE ACQUIRED | PART U |
| <p>1. Attach photos of the properties from which displacement will occur. Each photo should be identified with a parcel and unit number, which corresponds with the parcel and unit designations in Part F1 or F2.</p> | |